

Message from the President

The Hong Kong Primary Care Conference 2015

The busiest and exciting weekend of the College has just passed. The Hong Kong Primary Care Conference 2015 has attracted more than 500 attendees. This is definitely a record breaker. Congratulations to Dr. Lorna Ng, Chairlady of the Organizing Committee, her team and the secretariat - they have worked tirelessly to make this Conference successful. The programmes were well-structured under the theme "Stay Caring, Go Excelling in Primary Care".

The plenary lectures were informative, innovative and challenging. The lecture of Dr. Donald Li on "Excellence in Primary Care, Ethical Dilemmas" brought us the motto "Opus medicinae salus" which features on the logo of the Hong Kong Academy of Medicine, meaning the physician leads the way to good health. In this process we faced numerous ethical issues and dilemmas which challenged our clinical competency and integrity.

Prof Cindy Lam talked on "We Need the Family Doctor More than Ever in the Era of Multi-disciplinary Primary Care". She highlighted the importance of having Family Doctors in favourable health outcomes in Hong Kong and enlisted the multi-disciplinary approach in chronic diseases. The gadget she brought to the audience immediately cured everybody's sleep apnoea. If you still don't know RAMP and PEP, speak to Cindy!

The talk of Prof Rodger Charlton on "Family Medicine in 2050, A Vision through a Crystal Ball" walked us through the importance of consultation skills in daily clinical practice and discussed the future developments and challenges faced by primary care physicians. I am certain we will only be able to listen to these wonderful lectures at HKPCC.



Group Photo at HKPCC 2015

The 28th Fellowship Conferment Ceremony and the 26th Dr. Sun Yat Sen Oration

Immediately on Sunday 31st May 2015 we had our 28th Fellowship Conferment Ceremony. It was intriguing to see so many new Fellows and Diplomats and some were from Macau. I mentioned to them "College is your forever home in your Family Medicine life, from cradle to grave". I had made Dr. Donald Li, one of our most distinguished Fellows, a very busy man this weekend. He delivered the 26th Dr. Sun Yat Sen Oration with the title "Making a Difference: A Journey in Family Medicine". This truly highlighted the contribution of Family Doctor in local and international arenas.

This year's Honorary Fellowship, the highest honour of this College was awarded to Dr. Jennie KenDrick. Dr. KenDrick was the former Censor-in-Chief



Dr. Donald Li receiving the Dr. Sun Yat Sen Gold Medallion

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THE HONG KONG
COLLEGE OF
FAMILY PHYSICIANS



Family Physicians Links



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Message from the President

of the Royal Australian College of General Practitioners. She had been our external examiner for the Conjoint Fellowship Examination for over seven years. She deserved the highest praise for her contribution to this College. I was very pleased her husband Dr. Guan Yeo was here to witness her glory as the rightful recipient.



Dr. Ko Wing Man, Secretary for Food and Health candidly commented at the Conference and the Conferment Ceremony. "Well, there are a lot of people". "The queue is very long". This simply sums up the success of the two events.

It was interesting to read the article from the editor of the HKMA News April 2015 issue. HKCFP cannot support the idea of establishing a new College of Primary Care. The establishment of another organization under the name of "College" will be misleading to the public and probably to other medical colleagues as well, as to its status in relation to other constituent statutory Colleges under the Hong Kong Academy of Medicine.

Let me make it crystal clear, the aim and spirit of this College is to promote Primary Care and Family Medicine in Hong Kong. Nothing more and nothing less! The might of this College is not built by me. It is the pure hard work of all the enthusiastic Family Physicians over the past 37 years. Now

we have the Certificate course, Diploma course, Conjoint Fellowship Examination with RACGP and Exit Examination leading to specialist status in Family Medicine. Each level forms a stepping stone towards the next level. I am also very proud the College is exporting its expertise to Macau and China in organizing diploma and certificate courses there.

Any registered medical practitioners on the general or specialist lists of the Hong Kong Medical Council can participate in the certificate and diploma courses of this College. These courses provide knowledgeable, pragmatic and structured teaching in Family Medicine and encourage professional development of practicing medical practitioners. Those with 5 years of experience in primary care practice can sit for the Conjoint Fellowship Examination as Category II candidates. Category I candidates are basic trainees with 4 years of vocational training in Family Medicine. The passing rate of this examination is between 56% to 74% over the past three years and in 2013 the best candidate was from Category II. There is no barrier to anyone who wants to learn the knowledge, skills and attitudes in Primary Care and Family Medicine. The College is actively looking into the Category II Fellows training pathway at this very moment.

We are not couch potatoes and our arms are absolutely straight and cannot be twisted. All my colleagues in this College have worked their socks off to provide all the necessary educational needs to any doctors willing to learn. I am certain both HKMA and HKCFP can work together to enhance the standard of primary care doctors and promote continuing medical education among them.

"Council Member-On-Duty" (CMOD) System

Dear College members,

We are still providing this alternative channel of communication for you to reach us. Do let us have your ideas and comments so that we can further improve our services to all the members.

From 15th June 2015 to 14th July 2015, Dr. Au Chi Lap and Dr. Mary Kwong will be the Council Members-On-Duty. Please feel free to make use of this channel to voice your doubts, concerns, queries, and comments on anything related to our College and Family Medicine. You can reach us by contacting our College Secretariat by phone: 2528 6618, by fax: 2866 0616, or by email: hkcfp@hkcfp.org.hk. Once we receive your call or message, we will get in touch with you directly as soon as we can.

Dr. Tony C. K. Lee
Co-ordinator, CMOD System



Dr. Au Chi Lap



Dr. Mary Kwong

Membership Committee News

The Membership Committee approved, on recommendation of the Chairlady of the Membership Committee, the following applications for membership in **April – May 2015** :

Associate Membership (New Application)

Dr Chui Wai May Amy	徐 慧 美
Dr Suen Victoria Gee Kwang	孫 芷 筠
Dr Wong Wai Chung	黃 偉 忠

Associate Membership (Reinstatement)

Dr Wong Chung Yan	王 頌 恩
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Affiliate Membership (New Application)

Ms Hui Yun Ho	許 潤 好
Ms Lee Siu Har Judy	李 小 霞
Mr Wong Yiu Ming	黃 耀 明

Board of Diploma in Family Medicine (DFM) News

The Board of DFM is pleased to announce that the following candidates have successfully passed the 12th Diploma Course in Family Medicine 2014-2015.

Dr. Cheong Lok Tai	Dr. Lam Sio Teng	Dr. Ngai Ming, Leon	Dr. Wong Chong Hei
Dr. Cheuk Tat Sang	Dr. Lam Wing Yi	Dr. Ngan Hiu Ting	Dr. Wong Ka Kin
Dr. Choi Lap Him	Dr. Ma Man Fei	Dr. Siu Sheung Yan, Patty	Dr. Wong Pik Wa, Carrie
Dr. Kwong Yim Kam	Dr. Ma Yu Yan	Dr. Ting Sze Man	Dr. Wong Wai Pang
Dr. Lai Yuet Ting	Dr. Mung Shun Yee	Dr. Tong Man Chun, Terence	Dr. Yeung Sio Leng
Dr. Lam Sio Chong, David	Dr. Ng Wai Lan	Dr. Tsang Sau Hang, Caroline	

Congratulations to all the successful candidates.

Distinction

The Board of DFM is pleased to announce that Dr. Ting Sze Man has achieved the highest overall score and will be awarded the title of Distinction.



Dr. Au Chi Lap
Chairman
Board of DFM

UNIVERSITY HEALTH SERVICE

Part-time Medical Officer

The University Health Service (UHS) of The Hong Kong Polytechnic University is an accredited community-based training centre by The Hong Kong College of Family Physicians. The University invites applications for the part-time Medical Officer post in UHS. Duties: provide primary health care, health counselling, promote health education and perform administrative duties. Qualifications: registrable with The Medical Council of Hong Kong and fluency in spoken English and Cantonese. A higher qualification in Internal Medicine or Family Medicine is an advantage. Post specification and application form are available from the Human Resources Office (Homepage: <http://www.polyu.edu.hk/hro/job.htm>, Email: hrstaff@polyu.edu.hk, Fax: 2764 3374). Application closing date: Recruitment will continue until the position is filled.

Board of Vocational Training and Standards News

Reminder: Submission of Application for Certification of Completion of Basic Training

To those who will complete basic training,

You are advised to apply for the Certificate of Completion of Basic Training within 3 months upon completion of the four-year basic vocational training. Please submit your application and training logbook to the college office during office hours. Fail to do so will be charged an annual training fee.

Should you have any enquiries, please contact Carmen or Odelia at 2528 6618.

Basic Training Subcommittee

Board of Vocational Training and Standards

HKCFP Trainees Research Fund 2015 / HKCFP Research Seed Fund 2015

The Research Committee of HKCFP is proud to continue to offer the two research funds, The Trainees Research Fund and the Research Seed Fund.

The Trainees Research Fund will be opened to all registered HKCFP trainees and is made of four awards (each up to HK\$5,000). It is envisaged it will help trainees especially (but not limited to) those doing research projects as their exit examination. Those who have funding support elsewhere will not be considered.

The Research Seed Fund is open to all HKCFP members when a maximum of \$10,000 award will be made to the successful applicant to assist the conduction of a research project.

Winners of the award will receive 50% of the approved grant up front and the remainder 50% upon completion of the project.

Assessment Criteria for both funds:

1. Academic rigor of the paper (e.g. originality, methodology, organization and presentation);
2. Relevance and impact to family medicine & primary care (e.g. importance of the topic and the impact of the findings on the practice or development of the discipline); and
3. Overall budget

Each research project submitted will be assessed according to the above assessment criteria set by the selection panel. Please send your submission to:

Research Committee, HKCFP

803-4, 8/F, HKAM Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong by post or by email: jeffcheng@hkcfp.org.hk

Please indicate the research funding title e.g. “HKCFP Trainees Research Fund 2015/ HKCFP Research Seed Fund 2015” on your research project upon submission.

Submission Deadline: 31st August 2015

Report of the 2015 WONCA Asia Pacific Regional Conference, Taipei

Dr. Chung Tze Nang John
Specialist in Family Medicine

The 2015 WONCA Asia Pacific Regional Conference (APRC) was held in Taipei from 4th to 8th March 2015 at the Taipei International Convention Centre. This event was staged by the Taiwan Association of Family Medicine and attracted, according to the organisers, 500 overseas delegates and 4,000 Taiwan delegates. The number of registrations made it a mini WONCA world conference, as remarked by Professor Michael Kidd, President of WONCA, in the opening ceremony, and the venue never appeared that crowded.

The theme of the Conference was "Family Medicine: New Horizons and Challenges". Keynotes were delivered by Professor Michael Kidd (Australia), Professor Amanda Howe (UK) and Professor Robert Rakel (USA). Coincidentally, Professor Rakel also gave the keynote address in the 1995 WONCA World Conference held in Hong Kong organized by the HKCFP.

Plenary speeches were delivered by Dr. Jungkwon Lee (South Korea), Dr. Yi-Lien Liu (Taiwan), Professor Donald Li (Hong Kong), Professor Yi-Xin Zheng (China), Professor Ryuki Kassai (Japan), Professor Lee Gan Goh (Singapore) and Professor Doris Young (Australia).

The Opening Ceremony was graced by the presence of the Vice President of Taiwan. Security was unprecedented in the WONCA conference – bag checks and bodyguards everywhere. However, the VP spoke well and was supportive of family medicine.

The Keynotes and Plenaries covered a wide range of topics from the world of WONCA, integrated care, the importance of continuing comprehensive care, promoting family medicine, patient advocacy, family medicine development in China, work of the Grandmasters in family medicine, research and drivers for change.

Topics in the breakout sessions were comprehensive, ranging from teaching consultation skills, pre-travel immunisations, osteoarthritis, diabetes, osteoporosis, information technology, social science research, sarcopenia, health promotion, geriatric medicine, community health, smoking cessation, palliative care, rural medicine to occupational medicine etc.

The sessions were well attended and the quality of the presentations was good. The poster section was thriving. There were a vast number of posters. The area drew a constant stream of delegates. This was one of the most successful poster sections in a WONCA conference in my experience.

The trade exhibition was well represented, again a good example in my experience. There were quite a few high-tech vendors who would probably be of most interest to Taiwan delegates. The book booth was of particular interest too, selling medical books in English and Chinese. Furthermore, there were the WONCA booth and WONCA related activities booths. Coming up, we have the world conference in Rio de Janeiro in 2016, Asia Pacific Regional Conference in Pattaya in 2017, world

conference in Seoul in 2018 and the Asia Pacific Regional Conference in Kyoto in 2019. So mark your diaries.

In the first two days of the Conference there was the Cross-Strait Quadripartite Conference on Family Medicine held in tandem with the main conference. These periodic series of conference was started in the 1990's when Dr. Peter Lee was President of the HKCFP, initially held among Hong Kong, Macau and Mainland (called tripartite conference then), with Taiwan included later on. I wonder where the next one would be held - Hong Kong or Mainland, as Macau and Taiwan already have had their turns?

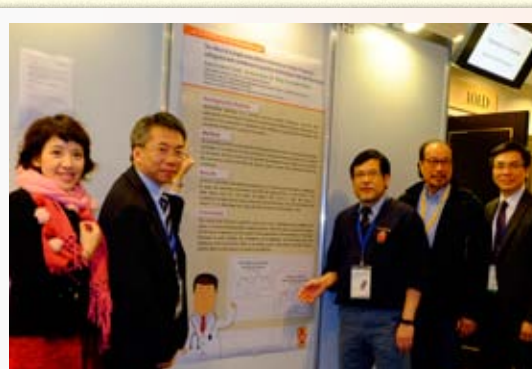
There was a large contingent from the HKCFP, over 40 according to registrations. They presented free papers and were most active in poster presentations.

The venue itself, I felt, was beginning to show its age. The complex was not very spacious but adequate – the most spacious and impressive auditorium was not leased for this conference, as I found out while exploring the building. Signage was just adequate but the rooms were easy enough to be found. One quibble to make is the lecture theatre for the plenary sessions – just too small for the attendance. People were standing or sitting on the floor.

Tea/coffee breaks were a blink-and-you-will-miss-it affair. Self service stations were located outside the trade exhibition and not well advertised. However, once you had found them, you would be treated to tea, coffee and some delicious Chinese dim sum. I guess that was probably why they kept it low key! Lunch was provided free but one had to queue for it as apparently the amount was limited, but I did not see anyone turned away. What you got was very interesting and tasty. It was bento box Taiwan style with a generous helping of meat or fish, rice, vegetables and pickles, almost Japanese in feeling. Everyone ate with chopsticks, including fellow attendees from the west and Africa !

All in all, it was a memorable conference, not the most illustrious APRC but I came away feeling refreshed, with a reaffirmed commitment to Family Medicine and dedication to my patients. The sights of Taipei also made this occasion more worthwhile, a bonus.

Now, will the HKCFP go for another WONCA conference?



The President leading the team (From left to right): Dr. Dana Lo, Dr. Angus Chan, Dr. Mark Chan, Dr. John Chung and Dr. Lau Ho Lim



Dr. John Chung (left) and Dr. Lau Ho Lim (right) sharing their experiences

Reflection from my Taiwan WONCA trip

Dr. Eva TK Au (MBChB(CUHK), MRCP(UK), FHKCFP, FRACGP, DFM(HKCFP), DPD(Cardiff), DCH(Sydney))
 Medical Officer
 University Health Service, the Hong Kong Polytechnic University

It had been my great pleasure to join the Taipei WONCA 2015. The conference theme this year was *"Family Medicine: New Horizons and Challenges in Asia-Pacific Region"*. I am interested in travel medicine and had presented a poster with the topic, *"The Application of a New Online Travel Health Program in a University Health Service in Hong Kong – An Initial Experience"*. Pre-travel immunizations, Counseling and Medicine is in category A1 of the conference and total 4 posters were presented under this category. A travel health symposium was held on day 2 of the conference. Participants had the honor to listen to 1) Dr. Sharlene Cheng of National Taiwan University Hospital talking about Pre-travel Vaccination, 2) Dr. Pin-Hui Lee of Taiwan Centers for Disease Control (Taiwan CDC) presenting International Travel-related Infectious Diseases in Taiwan, and 3) Dr. Wei-Fong Kao, the Chief of Department of Emergency Medicine of Taipei Medical University, sharing his experiences in managing high altitude illness.

With globalization and increasing number of international travelers, travel medicine is a green branch of medicine that has been gaining importance. Professional groups have been forming since the eightieth century. The International Society of Travel Medicine was formed in 1989, while the Asia Pacific Travel Health Society was formed in 2000. The Faculty

of Travel Medicine of the Royal College of Physicians and Surgeons of Glasgow was established in 2006. According to Dr. Sharlene Cheng, in 2008, National Taiwan University Hospital and Taiwan CDC had jointly established a Training Centre of Travel Medicine, which had been responsible for providing services and education to the public, medical professionals and research in travel medicine. In Hong Kong, travel health symposiums had been held by different medical organizations in the past. It would be great that in the future, a specialized travel medicine training body can be developed in Hong Kong. Regular meeting and experience sharing among medical professionals offering travel medicine service would be of ample benefit to both the health care providers and the travelers.

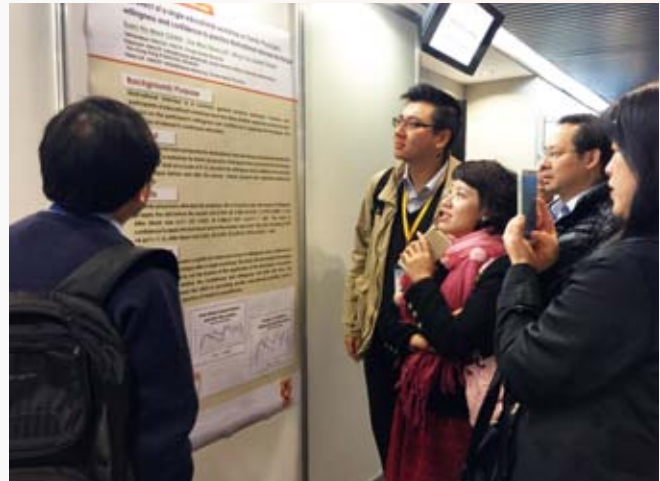
In Taiwan, there are 26 hospitals with Travel Medicine Clinic. In Hong Kong, travel health consultations are offered by both public and government clinics. Currently, the Department of Health runs 2 travel health centres located in Wanchai and Cheung Sha Wan. These 2 clinics are the only places in HK where travelers can get Yellow Fever vaccine. There are 6 other private clinics on the Travel Health Clinic Directory of the International Society of Travel Medicine*; University Health Service (UHS) of the Hong Kong Polytechnic University (PolyU)



From left to right: Dr.NF Cheng, Dr. Jenny HL Wang, Dr. WK Ko, Dr. Angus Chan (President of the Hong Kong College of Family Physicians), Dr. Dana Lo, Dr. Eva Au



From left to right: Dr. Dana Lo (second author), Dr. Eva Au (first author) of the poster "The Application of a New Online Travel Health Program in a University Health Service in Hong Kong - an initial experience"



Poster round and knowledge sharing

is one of them. PolyU as a pioneer in Hong Kong offering a credit-bearing compulsory Service-Learning subject has been sending students to developing countries learning to offer volunteer services. In view of time constraint in face-to-face consultation, plus the wide scope of information to cover in a travel health consultation, an online travel health programme was developed. Students were required to study the online materials including PowerPoint presentations and written materials, past the online quiz before coming to clinic for a consultation with doctor and vaccination. Using the programme, the face-to-face individual consultation can be significantly reduced from 30 minutes to 5 minutes.

Travel health clinics usually offer pre-travel plus or minus post-travel consultations. Prevention is better than cure. A pre-travel consultation aims for disease and accident prevention by analyzing the individual health risks related to that specific itinerary, which includes but not limiting to infectious disease prevention by vaccination and medication. Counseling and advice remain the most important part of a pre-travel consultation. In the conference, Dr. Sharlene Cheng talked about the "Main Instruction Targets for Travelers (4F', 4S')" in which 4F representing **F**ood, **F**luids, **F**lies, **F**lirts; while 4S representing **S**afe cars, **S**wimming, **S**un and **S**tress. Discussion on food and water safety, insect bite prevention, and avoidance of zoonotic diseases should always be included in the consultation. While road traffic accidents remain the number one cause of death Aboard, travelers should be reminded that traffic can be chaotic and vehicles can be poorly maintained in some

developing countries. Risk related to water activities like scuba diving is another health topic to cover. Prevention of sunburn particularly in travelers taking doxycycline as malarial prophylaxis should be mentioned. Travel can be stressful both physically and psychologically, especially in humanity aids worker; preparation for possibility of unplanned incidents is important. All in all, travel medicine is a wide scope of medicine. How to include all the above topics in a pre-travel health consultation is yet another challenge to travel health physicians.

Apart from gaining medical knowledge, the most valuable thing from this trip would be making friends with a group of family physicians from Hong Kong. It is especially treasurable to meet Dr. Mark Chan who formerly studied in the same secondary school as mine and is actually my "big brother"; we had a pleasurable chat about the old good time.

*http://www.istm.org/AF_CstmClinicDirectory.asp



Family medicine physicians from Taiwan and Hong Kong enjoying Taipei cuisine together after conference.

Nurse-led Wound Care Service in Department of FM & PHC – Hong Kong West Cluster

Ms. Lau Wai King, Advanced Practice Nurse (ET), Hong Kong West Cluster, Hospital Authority

Introduction

The Nurse-led Wound Care Service was established in the General Outpatient Clinics (GOPCs) of Hong Kong West Cluster (HKWC) since 2009. The purpose of setting up wound clinic aims to provide comprehensive wound care treatment and on-going evaluation to promote early wound healing as well as to prevent reoccurrence of any potential skin breakdown complications. The wound care clinics are managed by an Advanced Practice Nurse with Enterostomal Therapist professional qualification and work collaboratively with specialty nurses who have received specialised training in wound care management.

In HKWC, the main bulk of wound care services are delivered in Wound Clinics located at various GOPCs namely the Kennedy Town Jockey Club GOPC, the Aberdeen Jockey Club GOPC and the Nurse & Allied Health Clinic, Tsan Yuk Hospital. However, referral consultations are available for all GOPCs in the HKWC including the Tung Wah Hospital GOPC. Besides, the wound clinic also accepts referral from other services/units such as Community Nurse Service (CNS), Visiting Medical Practitioner (VMP) Service for Residential Care Homes for Disability and Surgical Units of QMH.

In the past few years, the volume load of wound care service has been escalating and it posed difficulties for service expansion to meet such demand including unavailability of space to house wound care products and equipment, needless to mention about the privacy concern from patients and occupational health hazard concerns for nursing staff at the point of service delivery. With support from the Hospital Authority on a full scale of renovation

projects undertaking in HKWC GOPCs, the wound care clinics are now well-resourced in terms of space and equipment so as to secure the best quality provision of wound care services.

Wound management

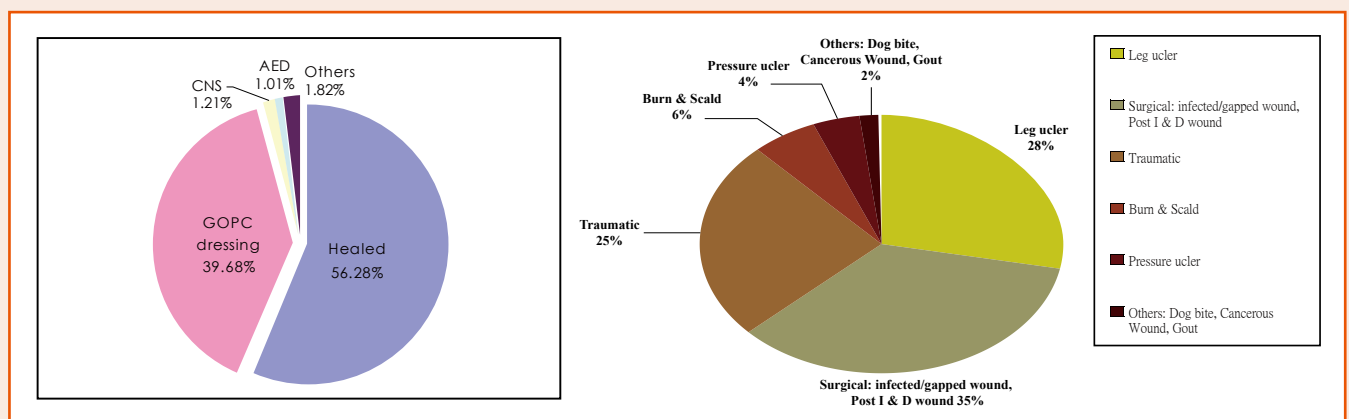
The APN (ET) directs the development and implementation of an individualized plan of wound care based on the needs identified and goals mutually set with the patient/carer through (1) providing holistic patient assessment, (2) making recommendation for wound care products, (3) performing conservative sharp debridement, and (4) providing ongoing assessment and evaluation.

All patients are referred according to the Three-tier Collaboration Model on Wound Care i.e. from the GOPC nurses to Advanced Practice Nurse (Wound Care) and Nurse Consultant (Wound Care). The mutual referral mechanism is initiated between Advanced Practice Nurse and Nurse Consultant for complicated wound management.

Wound care outcome

In 2013-2014, there were over 3,000 attendances in these wound clinics. The average attendance rate of 90% reached for both new and subsequent cases among them a total of 56% were with wound healed and 39% had shown improvement in the wound condition. The patients' feedback on our wound clinic service is encouraging as 85% of them provided rating of "Very Good" and 15% gave rating of "Good". The wound clinic even received lay referral via Word-of-mouth from the service recipients.

Outcome



Wound care training to nursing staff

While facing with escalating demand on the wound care service, clinical competency of nursing staff on wound care management is of prime concern and a big challenge for nurses working in GOPCs.

In-service on site wound training and wound courses are provided by the APN(ET) at scheduled intervals to enhance nurses application of knowledge and skills on

wound care management. Nurses undergoing supervised direct practice gain confidence and competency by receiving direct feedback and appreciation from both clinical supervised practice and most importantly from the patients they are caring for. Besides, regular wound seminars are delivered to all staff including nurses and doctors to keep abreast of the current knowledge and competence in the area of wound care.

Wound care education to patients

Effective wound management with satisfactory outcome cannot be achieved without patient's engagement, total compliance and participation. It is a well known fact that through structured health education and promotion, we can transfer knowledge and skills of care, produce changes in health seeking behaviour and thus improving health status both in individuals and community. To enable the notion of Patient Empowerment, the wound clinic not only aims to assess wound in a systematic manner and provide the best appropriate treatment, but also equips patients with basic skin and wound care knowledge thereby preventing wound deterioration and complications.

Wound Clinic consultation room



For every wound clinic visit, full explanation on the wound treatment and condition are given. The patients are encouraged to discuss queries and problems in relation to the wound care treatment. As a result, the compliance rate of attendance is over 95% for subsequent care.

As part of wound education, patients are given a pamphlet with photos illustrating materials needed for wound care, steps for self-dressing if applicable and signs to look out for seeking medical attention.

Advance Wound Products



Wound care study

Two studies had been conducted to illicit the patients' wound care perception. The first study is **"Understanding patients' knowledge and behaviour in wound management"**, The results generated are important for healthcare professionals in planning appropriate and culturally-oriented wound care education and in empowering patients on self-management, thus reducing risk of wound deterioration and complications which otherwise would increase healthcare burden.

The second study is **"How useful is Wound Care Clinic in empowering patients to manage wound themselves?"** The results shown that patients can be empowered to manage their wounds correctly and timely through detailed explanation and illustrative educational materials. In conclusion, this would help prevent wound deterioration and subsequent development of complications at primary care level, thus reducing the burden on secondary care.

The wound care pamphlet to patients

基本傷口護理

準備用品: 洗傷口專用消毒劑水、生理鹽水、無菌棉枝、紗布敷料、紙膠布及剪刀

生理鹽水 剪刀 紙膠布

換藥步驟

步驟一

1) 洗淨雙手及準備用品

步驟二

2) 取下傷口上乾澀的紗布，並觀察傷口的分泌物、色、量

步驟三

3) 再洗手

步驟四

4) 將生理鹽水加入盆中

步驟五

5) 夾取兩至三塊紗布，並用膠布固定(可用無菌棉棒代替紗布)

步驟六

6) 用壓力從傷口中心以環狀由內往外清洗，清洗後即更換紗布/棉棒，不可重複再用

步驟七

7) 拭乾後，用紗布將傷口蓋好

步驟八

8) 用紙膠布以十字形固定紗布周圍，再洗手

Conclusion

In primary health care setting, common encounters of wound care management stem from chronic non-healing wounds such as those primarily caused by trauma injuries and/or secondary to other chronic diseases condition like diabetes mellitus, poor circulation in peripheral vascular or neuro-vascular disease. Ongoing nursing staff competency training and patient education on wound care are crucial elements to achieve the best possible wound healing outcomes.

The evidence-based practice helps target available resources to the best efficiency and effectiveness gain on the wound care service delivery and in return permits safe primary level of wound care which is in line with the Hospital Authority Mission – Keeping People Safe and Healthy in the Community.

An Apple a Day Keeps the Doctor Away – a Myth or a Truth?

‘一日一蘋果·醫生遠離我’ is an idiom we always hear when kids are asked to eat healthy. But as an idiom per se, does it really hold true when put to the test of modern science?

One would wonder, when did this rhyme first appear? Was it a Chinese saying or a translation from another culture?

Interestingly, it first appeared as an English phrase in Pembrokeshire of the Wales about 150 years ago^{1,2}. In the February 1866 edition of Notes and Queries magazine, the parent statement was ‘Eat an apple on going to bed, and you’ll keep the doctor from earning his bread’. After undergoing a series of modifications and evolution in the 19th and 20th centuries, it finally became ‘An apple a day keeps the doctor away’¹, from which our Chinese version probably originates.

Apples own a long history of existence. The apple trees were rumored to be first found in an area between the Caspian Sea and the Black Sea. Archaeologists have found evidence that humans started to enjoy eating apples since at least 6,500 B.C.³ and apples were even one of the favorite fruits of ancient Greeks and Romans³.

More and more scientific evidence is growing around the benefits of having fruits. What about apples? Is there anything special about apples?

Apples are backed by scientific evidence to be beneficial to health in a number of ways, as illustrated in the table below⁴.

Ingredients / Characteristics	Suggested benefits to health
Vitamin C	Boosting body immunity
Insoluble fibres	Helping with intestinal movement
Pectin (a soluble fibre)	Lowering blood pressure, blood sugar level and ‘bad’ cholesterol
Antioxidants (phytonutrients and quercetin)	Fighting against free radicals (implicated in various age related diseases e.g. Alzheimer’s disease)
Low in calorie	Food option for weight reduction

But what follows is, can these truly be translated to concrete health benefits that help keep doctors away?

A study recently published in JAMA Internal Medicine in May 2015 has provided us with some insights into this question.

A total of 8,000 plus adults older than 18 years old from 2007-2008 and 2009-2010 National Health and Nutrition Examination Survey were invited to complete a 24- hour dietary recall questionnaire, which was assumed to reflect their usual dietary pattern. Daily apple eating was defined as consumption of an equivalent of at least a small apple daily, or 149g of raw apple. The primary outcome of success at ‘keeping the doctor away’ was specified as no more than a single visit (self reported) to a physician during the past year⁵.

Of 8,399 eligible participants, 753 (9.0%) were apple eaters while 7,646 (91.0%) were non apple eaters. The association of daily apple eating and success at ‘keeping the doctor away’ is statistically affirmative in the crude analysis, but is no longer significant after adjustment for socio-demographic and health-related characteristics. The only association with apple eaters that was proved statistically significant was a marginal success in avoiding prescription medications⁵.

Despite that this study has a number of shortcomings, which include failure to assess the cause and effect relationship, confounding characteristics of the subject groups and sole dependence on self-reporting for the dietary information⁵, it provides us with a bit of scientific evidence that turns out to prove against this theory.

‘An apple a day keeps the doctor away’ may not be correct when tested statistically, but it does convey a strikingly important message - building up a healthy lifestyle. As physicians, especially in the discipline of family medicine, we should always bear in mind our crucial role in promoting anticipatory care and disease prevention among our population.

An apple a day may not absolutely keep doctors away, but the essence and spirit behind would help to do so.

References:

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- Davis MA, Bynum JP, Sirovich BE. Association between apple consumption and physician visits: appealing the conventional wisdom that an apple a day keeps the doctor away. JAMA Internal Medicine 2015; 175(5):777-783.

Compiled by Dr. David Cheng / Dr. Alfred Kwong

Report on the Evidence-based Medicine (EBM) — Interest Group Meeting Workshop on 18 April 2015

Report by Dr. Chan Suen Ho Mark (Moderator)

Theme : Evidence based practice — How to get reliable evidence at point of care within two minutes

Venue : Council Chamber, HKCFP Office, 8/F, Duke of Windsor Social Service Building

Time : 2:15 pm - 5pm

Attendance : 41

Speaker : Dr. Francis WT Lee, Group coordinator
Dr. Kinson Lau, Group member

Dr. Francis WT Lee is a specialist in Family Medicine. He graduated from the University of Hong Kong and is an experienced family physician both in the public and private sector. Dr. Lee's interest is education and promotion of EBM. Dr. Lee is one of the longest serving Board Member of the Education Board.

Dr. Kinson Lau, Specialist in Family Medicine, graduated from University of Liverpool and has received training in the UK with special interest in EBM. Both Drs. Lee and Lau have been promoting the practice of EBM among our colleagues for the past 10 years.

Dr. Francis WT Lee spoke on the meaning of evidence based medicine and development. Medicine comprised knowledge, value and practice; a combination of personal belief and value, education, and experience with continual study of applicable literature. However, we all know in Medical literature, there are biases in research, errors in clinical reasoning and gaps in evidence; it is also a translation of epidemiology to decision making.

Evolution of the term and meaning of EBM

Formal assessment of medical interventions using controlled trials started from 1940s; in 1972, Professor Archie Cochrane, expressed the idea of EBM in his book Effectiveness and Efficiency: Random Reflections on Health Services. By late 1980s, Practical Methodology was developed by groups working at Duke University in North Carolina (David Eddy) and McMaster University in Toronto by Gordon Guyatt and David Sackett.

While at McMaster University, Sackett published the first of a series of articles advising clinicians how to read clinical journals. Lain Chalmers established the Cochrane Centre in Oxford in 1992, later expanded into an international collaboration of centres, now thirteen in number with 11,500 researchers.

Definition of EBM

"... the process of finding, appraising, and using contemporaneous research findings as the basis for medical decisions" Rosenberg and Donald (1995)

"Evidence based medicine is a set of principles and methods intended to ensure that to the greatest extent possible, medical decisions, guidelines, and other types of policies are based on and consistent with good evidence of effectiveness and benefit." Eddy (2005)

Greenhalgh (2010) used a definition that emphasized the use of quantitative methods : "the use of mathematical estimates of the risk of benefit and harm, derived from high-quality research on population samples, to inform clinical decision-making in the diagnosis, investigation or management of individual patients"

The one by Sackett and colleagues is the most commonly : "Conscientious, explicit and judicious use of current medical evidence in making decisions about the care of individual patients"

EBM: what it is not (or should not be)

EBM is neither old hat nor impossible to practice, it should not be conducted only from ivory towers and armchairs; obviously, not "cookbook" medicine; and would not be "hijacked" by purchasers and managers to cut the costs of health care.

EBM is not restricted to randomized trials and meta-analyses; Basic science and immunology can be good evidence; and we all know some therapeutic measures or interventions cannot be subjected to randomization (Sackett).

Most important of all should be a scientific mind to handle the vast new and old information, artfully negotiate with and apply to the patient in front of us.

Suggested reading:

What EBM Is and Is Not. David Sackett et al .BMJ Vol 312,13 Jan 1993

EBM and the practicing clinician. Finlay A McAlister, Ian Graham et al .J Gen Intern Med 1999; 14:236-242

EBM: a movement in crisis? Greenhalgh, BMJ 2014; 348 doi: <http://dx.doi.org/10.1136/bmj.g3725> (Published 13 June 2014)

Jonathan Belsey. What is evidence based medicine. <http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/ebm.pdf>

Part II

Dr. Kinson Lau revised on the nature of questions one asks.

Background questions are what, where, why, how vs Foreground questions are more of diagnosis, prognosis,

and treatment; with increasing experience of diseases, we will be asking more on the foreground questions.

The best evidence depends on the type of questions:

- How one asks question, leads to how one answers the questions.
- What are the problems? Would be answered by observation, e.g. qualitative research.
- How common is the problem? i.e. what is the frequency, occurrence? Answered by survey, random or consecutive samples.
- Does this patient have this problem? Is a diagnosis question, could be approached by random sampling with some gold diagnostic standard.
- How will the problem evolve? Is a prognosis question, could be answered by cohort studies, follow up of a selected sample.
- How can we alleviate the problem? Is therapy or intervention, best by RCT.

OK, how to do EBM?

The 5 steps are:

1. Formulate an answerable question
2. Track down the best evidence
3. Critically appraise the evidence
4. Apply the evidence with individual based clinical expertise and patient concerns
5. Evaluate the outcome = audit

The Boolean Logic

Boolean logic refers to the logical relationship among search terms, named after the Irish mathematician George Boole. Boolean Searching on the Internet is used in online literature searches. The principal Boolean operators are AND, OR and NOT.

The use of AND will narrow the search so one gets fewer results; OR broadens the research, usually used to search for synonyms; NOT is for excluding terms.

Barriers to practice of EBM

Understanding of EBM: perception, concept and knowledge, and doctor's own subjective value; Skepticism

about guidelines; Lack of knowledge and lack of basic skills (in finding evidence and in appraisal) ; And certainly there are barriers from the health care system: financing, cost-effectiveness, different stake holders' and patients' values and choices.

At a personal level, it is admitting we don't know that starts all, the knowledge how to get the skills to obtain current best evidence and evidence resources at the point of care with time limitation.

What sort of evidence (help) are there?

Evidence ranges from original articles, journals, then there are synopsis of studies e.g. evidence based journal abstracts; synthesis, e.g. systematic reviews, most notably by Cochrane, ACP JC and Evidence Updates; further up there are evidence-based journal abstract eg EBM, ACPJC.; more practically, there are summaries .e.g. Dynamed, ACPMed; computerised decision support.

Dr. Lau went on to demonstrate his experience with various web sources, including:

BMJ best practice; Clinicalevidence.bmj.com; The Cochrane library; dynamed.ebscohost.com; essentiellevidenceplus.com and uptodate.com, the clinical knowledge summaries by NHS.

An interesting discussion with active participation from the floor brought the meeting to an encouraging ending.

Take home message:

Take home message: It is demonstrated that reliable clinical information can indeed be retrieved in two or three minutes.

Try to get hand on Dynamed. (Your membership with RACGP and the teaching at Universities will pay.)

Useful links:

- <http://bestpractice.bmj.com/best-practice/welcome.html>
- <http://clinicalevidence.bmj.com/x/index.html>
- <http://www.thecochranelibrary.com>
- <https://dynamed.ebscohost.com>
- <http://annals.org/journalclub.aspx>
- <http://www.essentialevidenceplus.com>
- <http://www.uptodate.com/home>



Photos taking at the workshop



ASSESSMENT ENHANCEMENT COURSE (AEC) FOR FAMILY PHYSICIANS 2015

Organizer	:	Assessment Enhancement Sub-committee, Board of Education, HKCFP
Tutors	:	Family Medicine Specialists, Fellows of HKCFP and RACGP
Supervisors	:	Dr. Tam Chung Yin, Janet and Dr. Chan Chi Wai
Co-ordinator	:	Dr. Lai Sheung Siu
Objectives	:	<ol style="list-style-type: none"> 1. To improve clinical knowledge, problem solving and consultation skills through different workshops 2. To improve physical examination technique and clinic procedural skills through hands-on experience 3. To provide opportunity for inter-professional communication and social network expansion through self-help groups 4. To improve time management through simulated examination
Venue	:	Duke of Windsor Social Service Building and HKAM Jockey Club Building
Date	:	6 months' course starting from April 2015
Course Structure	:	<p>The course will consist of 4 main components:</p> <ol style="list-style-type: none"> 1. Seminars 2. Workshops 3. Self-help Group Support 4. Mock Exam <p>Seminars and Workshops will be arranged on Saturday afternoons (2:30 p.m. to 5:30 p.m.)</p>
Accreditation	:	Up to 15 CME points (Category 4.4) & 5 CPD points (Category 3.15) for the whole course
Course Fee	:	<p>Members : HK\$3,200 (Whole course) HK\$900 (Spot admission for each seminar or workshop only)</p> <p>All cheques payable to "HKCFP Education Ltd" All Fees received are non-refundable and non-transferable.</p>
Capacity	:	50 doctors maximum
Enrolment	:	Enrolment is now open. Please call the College Secretariat, Ms. Teresa Liu or Mr. Jeff Cheng, at 2528 6618 for details. Successful applicants will be informed later.
Disclaimer	:	All cases and answers are suggested by our tutors only. They are not standard answers for examination.
Remarks	:	Post-AEC training course will be organized for category 2 candidates who have enrolled in AEC.

Assessment Enhancement Course 2015 Timetable for Workshop

Date	Topics	Venue
25 April 2015 (Sat) 2:30 – 5:30 p.m.	Introduction	Duke of Windsor Social Service Building, Wanchai
16 May 2015 (Sat) 2:30 – 5:30 p.m.	Approach to Physical Complaints	Duke of Windsor Social Service Building, Wanchai
13 June 2015 (Sat) 2:30 – 5:30 p.m.	Proper Physical Examination Common Clinic Procedures	Duke of Windsor Social Service Building, Wanchai
18 July 2015 (Sat) 2:30 – 5:30 p.m.	Viva Practice: Enhance Interprofessional Communication	Duke of Windsor Social Service Building, Wanchai
15 August 2015 (Sat) 2:30 – 5:30 p.m.	Problem Solving Skills	Duke of Windsor Social Service Building, Wanchai
19 September 2015 (Sat) 2:30 – 6:00 p.m.	Mock Exam	HKAM Jockey Club Building, 99 Wong Chuk Hang Road

- Please wear a surgical mask if you have respiratory tract infection and confirm that you are afebrile before coming to the meeting.
- Please wear an appropriate dress code to the Hotel for the Scientific Meeting.
- Private Video Recording is not allowed. Members, who wish to review the lecture, please contact our secretariat.

4 July 2015 Saturday

Board of Education Interest Group in Dermatology	
Aim	To form a regular platform for interactive sharing and discussion of interesting dermatological cases commonly seen in our daily practice
Theme	New Management Update on Rosacea and Facial Redness
Speaker	Dr. Wong Sai Siong Specialist in Dermatology
Co-ordinator & Chairman	Dr. Siu Che Hung, Paul The Hong Kong College of Family Physicians
Time	1:00 p.m. – 2:00 p.m. Lunch 2:00 p.m. – 4:00 p.m. Theme Presentation & Discussion
Venue	5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK
Language	Lecture will be conducted in English and Discussion will be in English or bilingual
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the Coordinator via the College secretariat 2 weeks prior to meeting.

HKCFP would like to thank HKMA for supporting this educational activity.

Sponsored by
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25 July 2015 Saturday

Board of Education Interest Group in Counseling	
Aim	(1) To form a regular platform for interactive sharing and discussion of various counseling cases commonly seen in our daily practice; (2) To booster the competencies in counseling of family practitioners through case discussion and practising self awareness
Theme	Balint Group - "Dose Calibration" of Doctor-patient Relationship
Speaker	Dr. Lau Wai Yee, Aster
Co-ordinator & Chairman	Dr. Lau Wai Yee, Aster The Hong Kong College of Family Physicians
Time	2:30 p.m. – 4:00 p.m. Theme Presentation 4:00 p.m. - 4:30 p.m. Discussion
Venue	8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wan Chai, Hong Kong
Admission Fee	Members Free Non – members HK\$ 300.00 HKAM Registrants HK\$ 150.00 All fees received are non-refundable and non-transferable.
Accreditation	2 CME points HKCFP (Cat. 4.3) 2 CPD points HKCFP (Cat. 3.15) 2 CME points MCHK
Language	Lecture will be conducted in English and Cantonese.
Registration	Registration will be first come first served. Please reserve your seat as soon as possible.
Note	Participants are encouraged to present own cases for discussion. Please forward your cases to the Coordinator via the College secretariat 2 weeks prior to meeting.

Monthly Video Viewing Session

Monthly video viewing sessions will be scheduled on the last Friday of each month at 2:30 – 3:30 p.m. at 8/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Wanchai, Hong Kong.

June's session:

Date	26 June 2015 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	"Dr., Am I Suffering from Sexually Transmitted Infection?" – Dr. Lee Tze Yuen
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in Cantonese.

July's session:

Date	31 July 2015 (Friday)
Time	2:30 p.m. - 3:30 p.m.
Topic	"Cardioprotective role of Beta-blockers in Hypertension & other Cardiovascular Diseases" - Dr. J.M. Cruickshank
Admission	Free for Members
Accreditation	1 CME point HKCFP (Cat. 4.2) 1 CME point MCHK Up to 2 CPD points (Subject to submission of satisfactory report of Professional Development Log)
Language	Lecture will be conducted in English.

Structured Education Programmes

Free to members
HKCFP 2 CME points accreditation (Cat 4.3)

Date/Time/CME	Venue	Topic/Speaker(s)	Registration
2 July 15 (Thu)			
2:15 – 5:15 p.m.	Auditorium, G/F, Hospital Main Block, Tseung Kwan O Hospital	FM Training in HK & Overseas Dr. Yuen Ming Wai & Dr. Yeung Ka Yu Doogie	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Application of FM Principle in Common Mental Problem Dr. Chan Chi Ho & Dr. Wong Chun Fai	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Management of common hand musculoskeletal problem Dr. Mathew Lau	Ms. Kwong Tel: 2595 6941
8 July 15 (Wed)			
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Principles of Family Medicine: the Art of Communication Skills Dr. PL Tsang	Ms. Elaine Cheung Tel: 2589 2339
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Genogram Dr. Tin Yuen Ying	Ms. Crystal Law Tel: 2632 3480
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Principle of Family Medicine Dr. Lam Siu Ping	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Case Presentation (Emergency in General Practice) Dr. Lee Ka Yun Peter & Dr. Ching Rosemary Hin Nga	Ms. Cordy Wong Tel: 3949 3087
2:15 – 5:15 p.m.	Meeting Room, G/F, Blcok Q, United Christian Hospital	Introduction of Family Medicine (for New KEC FM Trainees) Dr. David Chao	Ms. Cordy Wong Tel: 3949 3087
9 July 15 (Thu)			
2:15 – 5:15 p.m.	Lecture Theatre, 8/F, Ambulatory Main Block, TKOH	Case Presentation (Emergency in General Practice) Dr. Chan So Wai & Dr. Kwok Yee Ming	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Application of Mindfulness in Primary Care Setting Dr. Hung Chi Bun	Ms. Eliza Chan Tel: 2468 6813
15 July 15 (Wed)			
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Vocational Training Program for Family Medicine In Hong Kong Dr. So Mei Kuen	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, UCH	FM Training in HK & Overseas Dr. Chan Wing Chi Annie & Dr. Wong Koon Yin Yvonne	Ms. Cordy Wong Tel: 3949 3087
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Problem Solving and Diagnostic Skills in a Family Medicine Consultation Dr. David Lee	Ms. Elaine Cheung Tel: 2589 2339
16 July 15 (Thu)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Update on Management of DM Dr. Wong Sze Kei & Dr. Kam Ngar Yin	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Management of Multi-morbidity in Primary Care Setting Dr. Chan Ching & Dr. Tang Kin Sze	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Care of Infant Problem Dr. Ricky Wong	Ms. Kwong Tel: 2595 6941
22 July 15 (Wed)			
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Consultation Models Dr. Lui Lok Kwan	Ms. Eliza Chan Tel: 2468 6813
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, United Christian Hospital	Hormonal Replacement Therapy Dr. Alvina Lo & Dr. Xu Shaowei	Ms. Cordy Wong Tel: 3949 3087
5:30 – 7:30 p.m.	Seminar Room, 3/F, Li Ka Shing Specialist Clinic, Prince of Wales Hospital	Infectious Disease Update (Ebola, Influenza, Middle East Respiratory Syndrome) Dr. Lee Sum	Ms. Crystal Law Tel: 2632 3480
5:15 – 7:15 p.m.	Lecture Theatre, 5/F, Tsan Yuk Hospital	Common Symptom Complaints - Abdominal Pain Dr. KH Tseung	Ms. Elaine Cheung Tel: 2589 2339
23 July 15 (Thu)			
2:15 – 5:15 p.m.	Lecture Theatre, 8/F, Ambulatory Main Block, TKOH	Hormonal Replacement Therapy Dr. Lee Shek Hang & Dr. Cheuk Hiu Ying Angie	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Legal and Ethical Guidelines for Sponsorship in Medical Dr. Chan Ka Ho & Dr. Yuen Ching Yan	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Common Vulval and Vaginal Conditions Dr. Lau So Ling Catilyn	Ms. Kwong Tel: 2595 6941
29 July 15 (Wed)			
2:15 – 5:15 p.m.	Multi-media Conference Room, 2/F, Block S, UCH	Euthanasia, Organ Transplantation Dr. Wong Hong Kiu Queenie & Dr. Pun Yat Hei	Ms. Cordy Wong Tel: 3949 3087
2:15 – 4:45 p.m.	AB1034, 1/F, Main Block, Tuen Mun Hospital	Clinical Approach to Electrolyte Disturbances (Na, K, Ca) in Primary Care with Case Illustration Dr. TSUI Sau In	Ms. Eliza Chan Tel: 2468 6813
5:15 – 7:15 p.m.	Multi-function Room, NAHC clinic, G/F, Tsan Yuk Hospital	Allied Health Talk - Speech Therapy Dr. Stephen Chou	Ms. Elaine Cheung Tel: 2589 2339
30 July 15 (Thu)			
2:15 – 5:15 p.m.	Auditorium, G/F, Tseung Kwan O Hospital	Euthanasia, Organ Transplantation Dr. Ying Gard Ching & Dr. Hou Jing	Ms. Cordy Wong Tel: 3949 3087
4:00 – 6:00 p.m.	Room 614, Ambulatory Care Centre, Tuen Mun Hospital	Clinical Approach & Management of Psychological Problems in Elderly Dr. Lau Lai Na & Dr. Sung Cheuk Chung	Ms. Eliza Chan Tel: 2468 6813
5:00 – 7:00 p.m.	Room 041, 2/F, Pamela Youde Nethersole Eastern Hospital	Sharing of Experience in WONCA Dr. Kwan Wing Yan Wendy	Ms. Kwong Tel: 2595 6941

COLLEGE CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
14 Jun ENT Update	15	16 9:00 p.m. DFM Board Meeting	17 2:15 – 7:15 p.m. Structured Education Programme	18 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. HKCFP Council Meeting	19	20
21	22 7:00 p.m. Specialty Board CSA Subcommittee Meeting	23	24 2:15 – 7:15 p.m. Structured Education Programme	25 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	26 2:30 – 3:30 p.m. Video Session	27
28	29	30	1 Jul	2 2:15 – 7:00 p.m. Structured Education Programme 7:00 p.m. Specialty Board Segment Coordinators Meeting	3	4 1:00 – 4:00 p.m. Interest Group in Dermatology
5 3:00 - 6:00 p.m. 1st Examiner Workshop on OSCE	6	7	8 2:15 – 7:15 p.m. Structured Education Programme	9 2:15 – 7:00 p.m. Structured Education Programme	10	11
12	13	14	15 2:15 – 7:15 p.m. Structured Education Programme	16 2:15 – 7:00 p.m. Structured Education Programme 8:30 p.m. HKCFP Council Meeting	17	18 2:30 – 5:30 p.m. AEC 2015 1:00 – 4:00 p.m. Certificate Course on Bringing Better Health to Our Community 2015
19	20	21	22 2:15 – 7:15 p.m. Structured Education Programme	23 2:15 – 7:00 p.m. Structured Education Programme 9:00 p.m. Board of Conjoint Examination Meeting	24	25 2:30 - 4:30 p.m. Counseling Interest Group
26	27	28	29 2:15 – 7:15 p.m. Structured Education Programme	30 2:15 – 7:00 p.m. Structured Education Programme	31 2:30 – 3:30 p.m. Video Session	1 Aug

FP LINKS EDITORIAL BOARD 2015

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Front row (left to right): Dr. Natalie Siu, Dr. Catherine Ng, Dr. Wendy Tsui and Dr. Anita Fan

Red : Education Programmes by Board of Education
Green : Community & Structured Education Programmes
Purple : College Activities

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